Attorney Docket No. 4633-0166PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

AIR CONDITIONING APPARATUS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fill in Appropriate	the specification of v forth above and/or t		d hereto. If not attached he	reto, the application	on is identified by the	e attorney docket r	number as set	
Information							36	
Information -							as	
For Use Without			nber) and/or	
Specification Attached:	the specification	n was filed on (October 8, 2004			(ii applicable	ariu/or	
Attached.	International A	n was med on <u>c</u> polication Nun	ober PCT/IP2004/14943	· · · · · · · · · · · · · · · · · · ·			and was	
	International Application Number <u>PCT/JP2004/14943</u> amended on					(if applicable)		
Insert Priority Information: (if appropriate)	amended by any am I acknowledge Regulations, §1.56. I do not know a thereof, or patented year prior to this ap prior to this applica date of this applica representative or as patent or inventor's application by me of I hereby claim or inventor's certific	and do not belie or described in oplication, that tion, that the in ation in any cosigns more that certificate on the rmy legal repre- foreign priority ate listed below hat of the appli- plication(s)	ed to above. isclose information which isclose information which eve the same was ever known any printed publication the same was not in publication has not been pate ountry foreign to the Unin twelve months (six mon his invention has been file esentatives or assigns, except benefits under Title 35, U and have also identified be cation on which priority is	ited States Code, §119(a)-(d) of any foreign application(s) for paten low any foreign application for patent or inventor's certificate having				
						П	П	
	(Number)	(Count		(Month/Day	O/ T:11\	⊔ Yes	□ No	
Insert Provisional Application(s): (if any)	(Application Number)				19(e) of any United States provisional applications(s) listed below. (Filing Date)			
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested Information: (if appropriate)	Country		Application Number		Date of Filing (Mon	nth/Day/Year)		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S.								
Application(s): (if any)	(Application Numb	er)	(Filing Date)		(Status - patented,)	pending, abandon	ed)	
Page 1 of 2 (Rev. 12/2002)	(Application Numb	er)	(Filing Date)		(Status - patented, 1	pending, abandon	ed)	

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Full Name of First or Sole Inventor. Insert Name of Inventor — Insert Date This Document is Signed

Insert Residence

sert Post Office Address

Full Name of Second

Full Name of Third Inventor, if any:

Full Name of Fourth Inventor, if any:

Full Name of Fifth Inventor, if any

Full Name of Sixth Inventor, if any:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	IN WITH THOMAS CLOSE LATTER		DATE:
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Shuji IKEGAMI	Shuji Ikegami	CVIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Oct 25, 2004
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c/o Shiga Plant, DAIKIN INDUSTRIES, LTD., 10	•	satsu-shi, Shiga	525-8526, Japan
• •	•	satsu-shi, Shiga	525-8526, Japan DATE*
c/o Shiga Plant, DAIKIN INDUSTRIES, LTD., 10	000-2, Aza Ootani, Okamoto-cho, Ku	satsu-shi, Shiga	,
c/o Shiga Plant, DAIKIN INDUSTRIES, LTD., 10	000-2, Aza Ootani, Okamoto-cho, Ku	satsu-shi, Shiga	DATE*
c/o Shiga Plant, DAIKIN INDUSTRIES, LTD., 10 GIVEN NAME/FAMILY NAME	000-2, Aza Ootani, Okamoto-cho, Ku		DATE*
c/o Shiga Plant, DAIKIN INDUSTRIES, LTD., 16 GIVEN NAME/FAMILY NAME Residence (City, State & Country)	000-2, Aza Ootani, Okamoto-cho, Ku INVENTOR'S SIGNATURE		DATE*
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c/o Shiga Plant, DAIKIN INDUSTRIES, LTD., 16 GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE s including City, State & Country)		DATE*
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